PTO/SB/21 (10-07)

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| | | Application Number | 10/587, | | T 4554H74 & VALUE SANIS LOCKED HUITINGS. | |
| | MITTAL | Filing Date | 04/30/2 | 007 | | |
| FC | PRM | First Named Inventor | Erik NIL | SSON | | |
| | · | Art Unit | 3781 | · · · · · · · · · · · · · · · · · · · | | |
| (to be used for all corres | pondence after initial fil | | K. Rush | 1 | | |
| Total Number of Pages in | This Submission | 19 Attorney Docket Number | 1918 | | | |
| | | ENCLOSURES (Check all | that apply |) | | |
| Fee Transmittel F | orm | Drawing(s) | | After | Allowance Communication to TC | |
| -Fee Attacl | ned | Licensing-related Papers | | | at Communication to Board peals and Interferences | |
| Extension of Time Express Abandon Information Disclo Certified Copy of F Document(s) Reply to Missing F Incomplete Applic Reply to M | declaration(s) Request ment Request sure Statement Priority | Petition Petition Petition Power to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks | ddress | Propi | al Communication to TC lat Notice, Brief, Reply Brief) letary Information E Letter Enclosure(s) (please Identify l): or Continued Examination | |
| | ŞIGNAT | URE OF APPLICANT, ATTOR | RNEY, O | R AGENT | | |
| Firm Name | | | | | | |
| Signature | all | | | | | |
| Printed name | Alfred J. M. | angels | | | | |
| Dale | | 7/16/10 1 | 7/16/10 Reg. No. | | 22,605 | |
| | CEI | RTIFICATE OF TRANSMISSI | ON/MAIL | -ING | | |
| | | ng facsimile transmitted to the USPTC lope addressed to: Commissioner for | | | | |
| Signature | 6 | Un- | | | | |
| Typed or printed name | | Alfred J. Mangels | | Date | 7/16/10 | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/S9/17 (10-08)
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U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1985 no persons are required to spond to a collection of information unless it displays a valid OMS control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/587,378 TRANSMI Filing Date 04/30/2007 For FY 2009 First Named Inventor Erik NILSSON Examiner Name K. Rush Applicant claims small entity status. See 37 CFR 1,27 Art Unit 3781 TOTAL AMOUNT OF PAYMENT (\$) 650.00 Attorney Docket No 1918 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501300 Alfred J. Mangeis Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 270 220 110 Design 220 110 100 50 140 70 Plant 220 110 330 165 170 85 Reissue 330 165 540 650 325 Provisional 220 110 0 2. EXCESS CLAIM FEES Small Entity Fee Description Eee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 Total Claims Extra Claims Fee Paid (\$) Fee (\$) Multiple Dependent Claims <u>-0-</u> -0-Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. -0-Indep. Claims Extra Claims Fee (\$) Fee Pald (\$) -0-HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fractional 50 or fractiona Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) / 50 = 100 . <u>-0-</u> __ (round up to a whole number) x 4. OTHER FEE(S) <u>Fees Pald (\$)</u> Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Extension of time request; RCE 650 SUBMITTED BY

Registration No. Signature 22,605 Telephone (513) 469-0470 (Attorney/Agent) Name (Print/Type) Alfred J. Mangels Date

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| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL FOR FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 650.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501300 Peposit Account Deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARII Entity Fee (\$) Fee (|
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| Utility 330 165 540 270 220 110 |
| Design 220 110 100 50 140 70 |
| Plant 220 110 330 165 170 85 |
| Reissue 330 165 540 270 650 325 |
| Provisional 220 110 0 0 0 0 |
| 2. EXCESS CLAIM FEES Small Entity |
| Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26 |
| Each independent claim over 3 (including Reissues) 220 110 |
| Multiple dependent claims 390 195 |
| Total Claims |
| -20 or HP = -0- x Fee (\$) Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Foe Paid (\$) |
| -3 or HP = -0- x = -0 |
| HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE |
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| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) |
| Other (e.g., late filing surcharge): Extension of time request; RCE 650 |
| UBMITTED BY A |
| gnature Registration No. (Attorney/Agent) 22,605 Telephone (513) 469-0470 |

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